Parkcare Homes (No.2) Limited

Roseneath Avenue

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 27 June 2017 and was unannounced. At our last inspection on 16 May 2016, the home was in breach of Regulations 11 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found out of date food in three people's flats and we did not find evidence that people's capacity had been assessed and if consent to care was obtained using the Mental Capacity Act 2005 principles. The provider sent an action plan after the inspection to demonstrate how improvements would be made to meet the breaches.

Roseneath Avenue is a care home which is registered to provide personal care and accommodation for a maximum of six adults. People living in the home have autistic spectrum disorder. At this inspection there were three people living in the home in their own self-contained flats.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Risks had been identified and assessed that provided information on how to mitigate risks to keep people safe. However, one person had not been protected against identified risks to ensure they were safe at all times.

There was a comprehensive positive behaviour support (PBS) and traffic light plan for people who demonstrated behaviour which may put people and staff at risk. However, some staff we spoke with could not explain what PBS was or how they could use it to keep people safe.

Some staff were not able to tell us what constituted a safeguarding incident and who to report abuse to outside the organisation.

Mental Capacity Act 2005 (MCA) assessments had been carried out using the MCA principles by the registered manager. Deprivation of Liberty Safeguards application had been made to deprive people of their liberties lawfully. However, most staff were unable to tell us about the principles of the Act and what this meant for the people they supported.

Not all staff had completed essential training to perform their roles effectively such as MCA, safeguarding, first aid and infection control.

There were systems in place for quality assurance and monitoring. However, the quality assurance system had not identified the concerns we found with training and staff knowledge.

Medicines were being managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were given choices during meal times and their needs and preferences were taken into account. People's diets were catered for. People's weights were recorded and monitored regularly.

Care plans listed people's support needs and were person centred.

There was a programme of activities. These activities took place regularly.

Complaints were recorded and investigated with a response sent to the complainant.

Pre-employment checks had been made to ensure suitable staff were employed by the home.

Appropriate referrals to other healthcare professionals were made.

People were treated in a respectful and dignified manner by staff.

Staff meetings were being held regularly.

Staff felt well supported by the management team and relatives were complimentary about the management of the home.

We identified breaches of regulations relating to training and safe care. You can see what action we have asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Risks had been identified and assessed. One person had not been safeguarded against known risks to ensure they were safe at all times.

Some staff were not able to tell us how to care for people in a safe way if they demonstrated behaviours that may challenge the service.

Some staff were not able to tell us what abuse is and who they can report abuse to outside the organisation.

Medicines were being managed safely.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles.

There were sufficient numbers of staff available to meet people's needs.

Premises safety checks had been made to ensure the premises was safe.

Is the service effective?

Requires Improvement

Some parts of the service were not effective.

Capacity assessments had been carried out to determine if people had capacity to make certain decisions. However, some staff did not have a clear understanding of their responsibilities under the Mental Capacity Act 2005.

DoLS applications had been made for people whose liberty was being restricted for their own safety.

Some staff had not completed essential training required to perform their roles effectively.

Staff received supervision and told us they were supported by the registered manager.

People had access to healthcare services.

Is the service caring?

Good

The service is caring.

People's privacy and dignity was maintained. Staff treated people with respect and dignity.

Care plans listed people's ability to communicate and we observed good communication between staff and people.

Is the service responsive?

Good

The service is responsive.

Care plans were current and reviewed regularly.

People were involved in activities inside and outside the home.

Complaints had been investigated and appropriate action taken.

Is the service well-led?

Requires Improvement

Some aspects of the service was not well-led.

There were systems in place for quality assurance and monitoring. However, the quality assurance systems had not identified the shortfalls we found during the inspection.

Staff were positive about the support received from the registered manager.

Staff told us that the culture within the home was good.

Roseneath Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 27 June 2017 and was unannounced. The inspection team comprised an inspector and a specialist advisor in learning disabilities.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. We also received a provider information return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person, five staff members and the registered manager. We observed interactions between people and staff members to ensure that the relationship between staff and the people was positive and caring.

We looked at documents and records that related to people's care and the management of the home. We looked at three care plans, which included risk assessments.

We reviewed five staff files which included supervision records. We looked at other documents held at the home such as medicine records, quality assurance audits and staff meeting minutes.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us that people were safe. One person told us, "Yes" when we asked if they felt safe at the home. A relative told us, "[Person] always seems happy to go back and I would know should [person] be unhappy." Another relative said, "Yes", when we asked if their family member was safe at the home.

Despite these positive comments we found that some aspects of the service provided were not safe.

Some staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Out of the five staff we spoke with, two staff were not aware what might constitute a safeguarding incident and how to identify abuse. Another staff member was unable to tell us who they would report abuse to outside the organisation. We found that not all staff had undertaken training in understanding and preventing abuse.

Each person had positive behaviour support (PBS) and traffic light plans that identified behaviours that may put people and staff at risk. PBS plans contained teaching strategies for managing behaviour that may challenge the service based on the function of people's behaviour. The plans listed people's behaviours when they were happy or angry and the steps staff should take to avoid or manage behaviours that challenged the service. PBS plans were specific to people and listed triggers and behaviours and noted active and reactive de-escalation techniques to ensure the risks of behaviour that may challenge the service were minimised. The plan also included physical intervention should always be used as a last resort, detailing the type of physical intervention that should be used. Staff confirmed that physical intervention was used as a last resort. Records showed that staff had received training to ensure that if physical intervention was carried out that it was carried out in a safe way to ensure people and staff were kept safe. Where physical interventions took place, this was recorded and analysed to develop strategies to minimise the use of physical intervention. Individual practice workshops were held monthly with staff to discuss people's behaviours and the current care plans. However, two staff we spoke with could not explain what PBS was or how they used it in their day-to-day practice. This meant that staff may not know how to support and care for people in a safe way especially if people demonstrated behaviours that challenged.

Risk assessments were carried out with people to identify any risks and provided clear information and guidance for staff to keep people safe. Assessments were specific to people's needs such as activities, false allegations and falls. Risk assessments were regularly reviewed and updated to ensure they were current. Most staff had knowledge of the risk assessments and what steps they should take to help keep people safe from harm.

However, one person had not been protected against identified risks to ensure they were safe at all times. The person, who was at risk of choking and had an eating disorder, there was guidance to staff on the action that will need to be taken to ensure the risk of choking was minimised such as ensuring food were cut into small portions and how staff needed to support the person to eat. In addition the person was diagnosed with an eating disorder and was at risk of putting inedible objects in their mouth. The care plan made reference for staff to use a rolling technique to remove inedible objects from their mouth. There was no

detailed guidance on what the rolling technique was and how it should be used. The care plan also made reference that staff should use their first aid training if the person was to choke. Both staff that looked after the person during the morning shift were able to explain in detail what the rolling technique. However, we found both staff had not been trained in first aid and one member of staff was unable to tell us what they would do if the person choked.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Systems were in place to ensure food kept in people's accommodation were in date. During our last inspection we found in three people's accommodation, food that had expired, which included vegetables, bread and meat. We also found staff had kept their personal food in one person's fridge and this was not labelled to show when it was opened, the person the food belonged to and when this should be consumed. During this inspection we found improvements had been made. We found that food in people's flats and fridges had been labelled on the date it was opened so people and staff would be aware when the food would need to be discarded. The registered manager told us that checks were regularly made for out of date food, which was then discarded.

There were sufficient numbers of staff available to support people. All of the people living at the home each required support and care from two staff during the day. Rotas and observations showed that this was being maintained. Staff and relatives told us they had no concerns with staffing levels. A relative told us, "[Person] got two people [staff] with [person]. There is always two [staff] with [person]." We saw people that demonstrated behaviour that may challenge the service. We observed in one person's flat that a person was becoming anxious and both staff used de-escalation techniques to calm the person and take the person outside for a walk. We noted on the person's care plan, the person enjoyed walking.

There were guidelines in people's rooms on what staff should do when people went out on a sunny day, which included applying sun cream. Staff told us they would let people know before applying the sun cream on them. This was also discussed at staff meetings to ensure people were kept safe when going outside on sunny days.

Medicines were being managed safely. Medicine records were completed accurately and were stored securely in people's flats. Records showed that people received 'as needed' medicines such as paracetamol or pain relief when required. Staff received training in medicine management and told us they had been assessed to ensure they were competent to manage medicines. Records confirmed this. Staff confirmed that they were confident with managing medicines and we saw that medicines were audited regularly. A relative told us, "I never had any concerns with medicines."

The service followed safe recruitment practice. Records showed the service collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the applicant. Staff members were not offered a post without first providing the required information to protect people from unsuitable staff being employed at the home.

Checks had been made to ensure the premises was safe. Records showed appropriate gas safety, electrical safety, legionnaires and portable appliance checks were undertaken by qualified professionals. The checks did not highlight any concerns. Regular fire tests and evacuations drills were carried out and a fire risk assessment was in place to ensure people were kept safe in the event of an emergency. Staff were able to tell us what to do in an emergency.

Requires Improvement

Is the service effective?

Our findings

People and their relatives told us that staff members were skilled and knowledgeable and they had no concerns about staff that supported them. A relative told us, "The staff are brilliant at Roseneath." Another relative told us, "I think they are doing everything they can do for [person]."

Despite these positive comments we found that some aspects of the service were not effective.

Staff did not always receive the training they needed to provide effective support and understand people's specific conditions. Most staff told us that they had received regular training and this was helpful to carry out their roles effectively. However, one staff member told us that they had not received training in some essential areas since starting employment. We checked the training records of five staff employed by the home. Most staff had completed essential training that helped them to understand people's needs. This included a range of courses such as safeguarding, fire safety, food safety, working with behaviour that challenged and basic life support. Specialist training had also been given in diabetes, Prader Willi syndrome, epilepsy, autism and Asperger's syndrome. Prader Willi syndrome, is a rare genetic condition that may cause constant desire to eat food, restricted growth, learning difficulties or reduced muscle tone. However, we found that some staff had not received essential training to be able to perform their roles effectively. Two staff had not received safeguarding and first aid training. Four staff had not received training in infection control and three staff had not completed training in MCA and DoLs. We also found one staff member had not completed specialist training in autism and another staff member for Prader Willi syndrome. Four out of the five staff we spoke with were not able to tell us about the principles of the Mental Capacity Act 2005 (MCA). Two of the four staff that were not able to tell us about the principles of the MCA had not received MCA training.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

After the inspection, the registered manager sent us evidence to demonstrate that training in mandatory areas had been booked for staff that had not completed these training.

The home maintained a system of appraisals and supervision. Staff confirmed they received regular supervision and appraisals and records confirmed this. Formal individual one-to-one supervisions were carried out regularly. Appraisals were scheduled annually and we saw that staff had received their annual appraisal in 2016. Staff told us they were supported by the registered manager. One staff member told us, "[The registered manager] is very supportive, I learn a lot from her" and another staff member told us, "[Registered manager] is so supportive."

MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

During our last inspection we found that people's capacity had not been assessed. There was no documentation to show that consent to care had been obtained using the MCA principles.

During this inspection we found improvements had been made. MCA assessments had been carried out for people in a number of areas using the elements of capacity, namely can the person understand, retain, and weigh the information, and make a decision on the information. Where people did not have capacity to make decisions then a best interests decision had been made on the person's behalf after a best interests meeting held with family members or social professionals, which had been documented.

People's liberty was being deprived lawfully, for their own safety. We saw people had appropriate DoLS authorisations. DoLS were put in place to protect people's liberty where the service may need to restrict people's movement both in and outside the home. For example, if someone left the home unaccompanied and there may be risk to their safety due to a lack of road awareness, a member of staff would accompany the person. We saw applications were made with the local authority for people to be assessed for a DoLS authorisation where previous applications had expired.

People were encouraged to be involved in meal preparation and were supported to shop for ingredients. Staff told us that people were given choices and were able to choose ingredients to make meals. In one care plan, records showed that a person's food should be monitored and we found the person's food intake was being monitored. People's weights were also monitored regularly and staff told us if people lost or increased weight consistently then they would be referred to a health professional. A relative told us, "[Person] seems to have a wide range of food available; they make sure [person] has an adequate diet."

People had access to healthcare services. Records showed that people had access to a GP, dentist and other health professionals. Staff supported people to attend routine health appointments and check-ups as part of the care and support provided. People's health needs, and the healthcare professionals involved in their care, were recorded in their care files. Staff told us that they knew when someone was unwell and gave us examples that people's behaviour, mood or eating habits would be different and that they would report these to either the registered manager or a health professional. A relative told us, "They have been very good with making doctors' appointments."

Good

Is the service caring?

Our findings

People and relatives told us they were happy with the care people received. A relative told us, "They treat them [people] like family." We observed that staff were caring and kind towards people when we went to visit people in their flats.

People had developed positive relationships with staff. Staff told us that they had a positive relationship with people. Staff said that they were not rushed in their duties and were able to spend time with people and were able to provide person centred care. Staff told us that the care plans held at the home was useful and helped them gain an understanding of the care and support needs of people using the service and how best to support them.

Staff ensured people's privacy and dignity were respected. People told us that staff allowed them privacy and we observed people going into their rooms freely without interruptions from staff. We did not observe any personal care being provided to people that would have negatively impacted on their dignity. Staff told us they respected people's privacy and dignity and the person and relatives we spoke to confirmed this. Staff and relatives told us that female staff members would always support the females that used the service with personal care to ensure their dignity was respected.

Staff supported people to be independent as much as possible. Records showed that people were encouraged to make tea with staff support and choose their own clothes. People had their own accommodation and we observed people were able to move around freely within their own accommodation and come outside to go to the registered manager's office and use the garden.

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

The service considered people's communication needs and ensured staff understood these. People's ability to communicate were recorded on their care plans and there was information on how to communicate with people. For example for one person, information included that staff should allow the person to finish their sentence and maintain eye contact. People had a communication passport that outlined how people would express if they were happy, anxious or sad.

Good

Is the service responsive?

Our findings

People and relatives told us that the home was responsive and they had no concerns about the home. A relative told us, "Roseneath seems to be doing everything they can for [person]."

People's needs were assessed and care delivered to meet those needs. Each person had an individual care plan which contained information about the support they needed. Care plans were person centred. There was a section called, 'What would you like the staff team to know about you in order to make you feel comfortable, enabled and cared for' that listed people's individual support needs. People and relatives were involved in the planning of care and care plans were signed by people or their relatives to ensure they agreed with the information in their care plan. Care plans had a personal profile outlining the person's support needs, next of kin, identity, health condition and medical history. There was a personal development and support plan that included aims and objectives for people and how staff should support people. There was an autism profile that listed people's ability in areas such as communication, sensory, predictability and social interaction. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

There was also a daily log sheet, which recorded key information about people's daily routines such as behaviours and the support provided by staff. There was a key worker system in place. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to keywork. Reviews were undertaken regularly with people, which included important details such as people's current circumstance and if there were any issues that needed addressing. Care plans were then updated following the reviews if required.

The provider's positive behaviour therapist provided guidance to staff on how to support and respond to people with behavioural difficulties. Incidents affecting people were recorded and analysed to develop strategies for staff to respond effectively and minimise the risk of behaviours that may challenge the service.

People were supported to engage in activities. We observed that notices about activities were displayed at people's flats that we visited and was also available in pictorial format. Staff and relatives told us that people participated in regular activities. People had an activity planner that listed the types of activities they would be participating in. Records showed that one person enjoyed arts and when we visited the person's flat, we observed artwork displayed around their home. We also observed the person enjoyed going out for walks and we saw staff supporting the person to go for a walk. Records showed the person did not like using public transport. Staff were encouraging the person to use public transport regularly to ease the person's fear. There had been few occasions the person had used public transport through staff support, if the person refused then this was respected.

The provider had a system in place for receiving and responding to complaints. Records showed complaints received had been investigated and resolved. Staff were able to tell us how to manage complaints such as recording the details of the complaint and reporting the complaint to the manager.

Requires Improvement

Is the service well-led?

Our findings

Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. At our last inspection some staff members told us that the culture within the home was not open and inclusive. During this inspection, staff told us that they enjoyed working at the home and the culture had improved. Comments from staff included, "Very supportive environment", "Everything in here is good", "I am enjoying every bit of it" and "I am enjoying it [job] very well." A relative told us, "It is a brilliant place." Another relative told us, "My [family member] has been happy since [staff member] has been there and that is all that matters to me."

Staff were complimentary about the registered manager. One staff member commented, "[Registered manager] is so fantastic, she puts interests of others first." Another staff member told us, "She is a good manager, anything you need you can approach her." A relative told us, "The lady in charge, she is very good." We observed that the registered manager had a positive relationship with people and interacted well with them.

Despite these positive comments some aspects of the service was not well-led.

There were systems in place for quality assurance. Audits were carried out by the registered manager on training, risk assessments and medicines. A monthly safety checks audit was carried out to ensure the premises was safe. Members of the provider's quality team also undertook audits focusing on areas such as staffing, support, leadership and environment. However, the audits had not identified the shortfalls we found with training and staff knowledge to ensure staff were able to carry out their roles effectively and in a safe way.

We discussed our concerns with the issues we found with training and staff knowledge on PBS, first aid and MCA with the registered manager, who informed us a number of staff had to leave due to concerns with performance and had to be replaced and staff were also appointed to reduce the dependence on agency staff. They informed us a number of staff had started recently, which had an impact on training. During the last inspection we found that the home used a significant number of agency staff to provide care and support to people, however we found at this inspection, this had been significantly reduced as the registered manager had recruited to fill the vacant posts.

Systems were in place for quality monitoring. During this inspection, we found attempts had been made to obtain feedback from people that used the service. The registered manager told us that letters had been sent with surveys to people but no response had been received yet.

There were records of regular staff meetings. During these meetings staff discussed any concerns they may have, about the people that lived at the service, activities and working together as a team. Minutes of the meeting were available for staff that were unable to attend to read, if required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users health Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service provider had not ensured that all staff received appropriate training as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a).